



**CITY OF
MAPLE GROVE**

12800 Arbor Lakes Parkway, PO Box 1180, Maple Grove, MN 55311-6180

Phone 763-494-6090 Fax 763-494-6421

**Fire Permit
Application**

All items must be filled out completely or this application will be returned!

Type of permit

- ☐ Fire Sprinkler
- ☐ Wet
 - ☐ Dry
 - ☐ Anti-Freeze
 - ☐ Spray Booths/Hoods
 - ☐ Fire Pump
 - ☐ Pre-Action
 - ☐ Standpipe
 - ☐ Deluge
 - ☐ Hoods/Ducts
 - ☐ Other

- ☐ Fire Suppression
- ☐ Wet Chemical
Type: _____
 - ☐ Dry Chemical
 - ☐ Foam
Extinguishing
 - ☐ Clean Agent
Type: _____

Type of Submittal

- ☐ Full Submittal
- ☐ Limited Permit Request
(Responsible person with proper I.D must pick up in person and sign the liability waiver. Full plan submittal is required.)
- ☐ Day Work (must be submitted a minimum of 12 hours before work is started)
- ☐ Emergency Work (must be submitted within 24 hours after the conclusion of any emergency repair work)

Work Type

- ☐ New
- ☐ Addition
- ☐ Remodel/alter
- ☐ Repair
- ☐ Demolition

Site Location	Number Street Suite		
Tenant/Business Name			
Applicant	Name (Last) (First) (Middle Initial)		
	The applicant is the <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____		
Contractor	Company _____ Phone _____		
	Managing Employee Name _____		
	Address _____ Fax _____		
	City _____ State _____ Zip _____		
Contractor License #			
Designer/Engineer	Company _____ Phone _____		
	Managing Employee Name _____		
	Address _____ Fax _____		
	City _____ State _____ Zip _____		
Registration #			
Contractor's Total Valuation \$ _____			
A COPY OF THE CONTRACT MUST ACCOMPANY THE APPLICATION FOR PERMIT			
Use below for Day Work or Emergency Work only			
List the construction type of the building:		List the occupancy of the building:	
List the existing sprinkler system design: If the sprinkler system design will change, provide a full submittal.			
Provide a brief description of what happened to cause this work to be necessary:			
Provide a brief description of what work will take place:			
Provide a brief description of where the work will take place:			
Provide the make, type, model, temperature rating and SIN of all sprinkler heads being provided and provide a description of all other changes: (Attach separate list if needed.)			

Permit and Plan Review Fee are based on MG Ordinance Code, Chap. 16, Article VI, and any actual charges incurred when the City's consultant is utilized. An additional fee will be charged for plan review of revised plans. State surcharge, plan review, and 20% of the base permit fee are non-refundable with any request for cancellation after a permit has been issued.

I hereby apply for this permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Maple Grove and with the Minnesota Building/Fire Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

Applicant's Signature _____ **Application Approved By** _____ **Date Approved** _____



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Fire – Rescue Department

FIRE DEPARTMENT
763-494-6300

FIRE INSPECTIONS
763-494-6090

Use this sheet for credit card information only.
This will be destroyed after the permit has been processed.

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to yourself and to those people who need to know it in order to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

<p>TO PAY BY CREDIT CARD</p> <p><u>VISA, DISCOVER, AMERICAN EXPRESS OR MASTERCARD</u></p>	<p>Name as it appears on credit card: _____</p> <p>Type of credit card: <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMERICAN EXPRESS <input type="radio"/> DISCOVER</p> <p>Expiration Date: ____/____/____ 3 Digit code on back of card: _____</p> <p>Account Number: _____</p> <p>Signature: _____ Date: _____</p>
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